ADDI-TIONAL RATE RATE FEE FEE X\$ 9= X\$18= OR X40 =X80= OR

pplication or Docket Number

09/890484

OR

OR

OR

OR

OR

OR-

OR

ÒR

OR

FEE

SMALL ENTITY

TYPE

RATE BASIC FEE

X\$ 9=

X40=

+135=

TOTAL

RATE

X\$ 9=

X40 =

+135=

RATE

X\$ 9=

X40 =

+135=

TOTAL

TOTAL ADDIT. FEE

SMALL ENTITY

ADDI-TIONAL

FEE.

ADDI-

TIONAL

FEE

OTHER THAN

SMALL ENTITY

FEE

100

TIONA

RATE

BASIC FEE

X\$18=

X80=

+270=

X\$18=

X80=

+270= +135= OR TOTAL TOTAL

OR ADDIT. FEE

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

| CLAIMS AS FILED - PART I | | | | |
|--------------------------|--------------|--------------|--|--|
| 42 | (Column 1) | (Column 2) | | |
| TAL CLAIMS | | | | |
| R | NUMBER FILED | NUMBER EXTRA | | |
| TAL CHARGEABLE CLAIMS | /8 minus 20= | * | | |
| EPENDENT CLAIMS | 3 minus 3 = | • | | |

Alf the difference in column 1 is less than zero, enter "0" in column 2

CLÁIMSIAS AMENDED - PART II

| | BASS FROM TO A CALL | (Column 1) | · | (Column 2) | (Column 3) |
|----------|--|--|--|---|------------------|
| ENTA | | CLAIMS REMAINING VAFTER AMENDMENT | en e | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| MON | Total | | Minus | .** | = |
| | Independent | | Minus | *** | = |
| 1 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | |

| A Same Section & Commence of the Commence of t | | |
|--|----------------------|----|
| The state of the s | (O = 1, O = 1, O | ٠. |
| Column 1) | (Column 2) (Column 3 | " |

| ENT B | . 4 | REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|-------------|---|-------|---|------------------|
| 1 2 1 2 1 2 1 1 1 1 1 1 1 1 1 1 | Total | Service Control | Minus | ** | = |
| W. | Independent | MAN AND AND AND AND AND AND AND AND AND A | Minus | *** | = |
| EIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | |

| | Column 1) | (Column 2) | (Column 3) |
|---|-----------|------------|------------|
| | | HIGHEST | |
| ١ | RÉMAINING | NUMBER | PRESENT |

| AMENDMENTIC | | REMAINING. AFTER AMENDMENT | u s n si singi | NUMBER PREVIOUSLY PAID FOR | PRESENT: EXTRA |
|-------------|--|------------------------------|----------------|----------------------------------|-------------------|
| NO W | Total | Manager Start | Minus | ** | = |
| | Independent | * | Minus | *** | = |
| 4 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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